

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan.Registration District No. 85

Township

Primary Registration District No. 1001City St. Joseph.(No. 1311½ North 10th St.)St. 830 Ward2. FULL NAME George W. Phumphrey.(a) Residence, No. 1311½ North 10th St.St. 830 Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White.

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLula Phumphrey.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

February 12, 1858.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

7657

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Flagman.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.C.G. & W. Railroad.10. Date deceased last worked at
this occupation (month and
year) Unknown.11. Total time (years)
spent in this
occupation. 35 Yrs.

12. BIRTHPLACE (CITY OR TOWN)

De Kalb.

(STATE OR COUNTRY)

Missouri.

FATHER

13. NAME

Bird S. Phumphrey.

14. BIRTHPLACE (CITY OR TOWN)

Unknown.

(STATE OR COUNTRY)

Pennsylvania

MOTHER

15. MAIDEN NAME

Elizabeth Bretz

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Pennsylvania

17. INFORMANT

Ernest E Phumphrey

(ADDRESS)

1311½ No. 10 Str St Joseph MO.

18. BURIAL, CREMATION, OR REMOVAL

Mount Moracem

PLACE

St. Joseph, MO.

DATE

July 21

1934

19. UNDERTAKER

H.O. Sidenfaden

(ADDRESS)

1802 Union Str St Joseph Mo.

20. FILED

7-20-1934John R. Knudsen

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 19, 1934, to July 19, 1934I last saw him alive on July 19, 1934. Death is saidto have occurred on the date stated above, at 10/20 pm.

The principal cause of death and related causes of importance were as follows:

Chronic MyocardialInsufficiency93D97Q3C

Other contributory causes of importance were as follows:

arteriosclerosisunknownunknownunknownunknownunknownunknownunknownunknownunknownunknownunknownunknownunknownunknownunknownunknownunknownunknownunknown

